

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS							*	*		*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	<i>Car</i>						51	/					
2							52	/					
3							53	/					
4							54	/					
5							55	/					
6							56	/					
7							57	/					
8							58	/					
9							59	/					
10							60	/					
11							61	/					
12							62	/					
13							63	/					
14							64	/					
15							65	/					
16							66	/					
17							67	/					
18							68	/					
19							69		/				
20							70		3				
21							71	/					
22							72	/					
23							73	0					
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31	<i>Car</i>						81						
32	<i>Car</i>						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.	17						TOTAL IND.	38	43 ^b				
TOTAL DEP.							TOTAL DEP.	5					
TOTAL CLAIMS							TOTAL CLAIMS	42					